

JAN 29 2007

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FORM**

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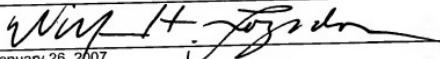
Total Number of Pages in This Submission

Application Number	10/538,464
Filing Date	June 10, 2005
First Named Inventor	Gobind Prasad DUBEY
Art Unit	1655
Examiner Name	Deborah A. Davis
Attorney Docket Number	4544-051520

ENCLOSURES (Check all that apply)

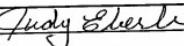
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Reply/Amdment	<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Amendment Transmittal Letter, Return Receipt Postcard, check for \$60.00.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s), _____	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William H. Logsdon Registration No. 22,132
Signature	
Date	January 26, 2007

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Judy Eberle	Date	January 26, 2007
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and be the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney's Docket No. 4544-051520

AMENDMENT TRANSMITTAL LETTER

MAIL STOP AMENDMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Application No.: 10/538,464 Filing Date: June 10, 2005
Examiner: Deborah A. Davis Art Unit: 1655
Invention: Herbal Preparation for Management of Cardiovascular and Neurologic Disorders

Transmitted herewith is an Amendment and Petition for Extension of Time in the above-identified application.

- Small Entity Status is/has been asserted for this application under 37 CFR 1.27.
 A verified statement to establish small entity status under 37 CFR 1.27 is enclosed.
 No additional claim fee is required.
 The fee has been calculated as shown below:

No of Claims After <u>Amendment</u>	Highest No. Previously <u>Paid For</u>	Present <u>Extra</u>	Small Entity <u>Rate</u>	Non-Small Entity <u>Rate</u>	Charge
Total <u>4</u>	<u>20</u>	<u>0</u>	x \$ 25.00	x \$ 50.00	\$ <u>0.00</u>
Indep. <u>5</u>	<u>3</u>	<u>0</u>	x \$100.00	x \$200.00	\$ <u>0.00</u>

First Presentation of Multiple Dependent Claim/s

TOTAL ADDITIONAL FEE \$ 0.00

- A check in the amount of \$60.00 is enclosed for the Petition for one-month extension.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650. An original and two copies of this sheet are enclosed.
 Any additional filing fees required under 37 CFR 1.16.
 Any patent application processing fees under 37 CFR 1.17.

January 26, 2007

Date

By

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Judy Eberle
(Name of Person Mailing Paper)

Signature

January 26, 2007
Date